

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042582

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381

Primary Registration District No. 4515

Registrar's No. 84

FILED OCT 23 1963

1. PLACE OF DEATH

a. COUNTY

Sullivan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Milton

Length of stay in 1b
1 Dayc. CITY
OR
TOWN

Trenton

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Sullivan Co Memorial Hospital

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

R#7-Trenton-Trenton La. Mo.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Cheri

Marie

Nimmer

4. DATE
OF
DEATH

Month

Day

Year

October

12

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct 11 1963

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Milton Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Gory Nimmer

13b. MOTHER'S MAIDEN NAME

Alice Hickman

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Wimmer Route 79 Trenton, Mo.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from one day 10-11-63 to 10-12-63 and last saw her alive on 10-14-63
Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

A. W. Eitel MD

22b. ADDRESS

Salt Mo

22c. DATE SIGNED

10-13-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10/14/63

23c. NAME OF CEMETERY OR CREMATORY

Plainview Cemetery

23d. LOCATION (City, town, or county)

Chula

Missouri

24. FUNERAL DIRECTOR

F. J. Robertson Funeral Home - Karado

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-16-63

26. REGISTRAR'S SIGNATURE

Mrs. M. W. Beckett

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Robertson

Licensed Embalmer No.

4388

P. O. Address

Laredo TX

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.